

1065 Ahua Street
Honolulu, HI 96819
Phone: 808-833-1681 FAX: 839-4167
Email: info@gcahawaii.org
Website: www.gcahawaii.org



GCA of Hawaii

GENERAL CONTRACTORS ASSOCIATION OF HAWAII

Quality People. Quality Projects.

Date & Time:

Tuesday, October 17, 2017
5:00 p.m. No-Host Cocktails

Location:

Pomaika'i Ballrooms at Dole
Cannery - Iwilei

Cost:

\$60 for GCA members
\$90 for non-members

Register

**Please RSVP by
October 6, 2017.**

Class space is limited and reserved on a first come, first served basis.

Please note!! If you cancel your registration at least five (5) days prior to the class, GCA will provide a full refund. No refund will be provided if you do not meet this deadline, however you may transfer your registration to another employee within your organization.

*The General Contractors Association of Hawaii
cordially invites you to attend
GCA's General Membership Meeting.*

CONSTRUCTION UPDATE

Will be given by invited representatives from

Board of Water Supply
Corps of Engineers
Department of Education
NAVFAC Hawaii

- 5:00 p.m. No Host Cocktails
Visit **table-top displays** by fellow GCA members
- 6:00 p.m. Dinner
- 7:00 p.m. Program
- 8:30 p.m. Ends

To register, please fill out the attached registration form and return to the GCA via fax 839-4167 or email to gca@gcahawaii.org.

For additional information, please call Gladys at 833-1681 ext. 12.

Please see attached for the registration form.



TABLE TOP INFORMATION AND APPLICATION



The GCA of Hawaii will have table tops available at the function below for those companies who are interested in presenting their products and services. If you are interested, please complete the form below and fax to 839-4167.

COMPANY: _____

DATE: _____

Type of Product: _____

CONTACT: _____

PHONE: _____

FAX NO.: _____

EMAIL: _____

EVENT: **GCA Membership Meeting**

DATE OF EVENT: **5:00 P.M. – 8:00 P.M.
Tuesday, October 17, 2017**

PLACE: **Pomaika'i Ballrooms at Dole
Cannery - Iwilei**

735 Iwilei Road

SET UP TIME: **4:00 P.M.**

Honolulu, HI 96817

TABLE COST(S): (Space is limited and based on a first come first served basis.)

NO. OF TABLES (limit 2 per company) **GCA MEMBERS ONLY** TOTAL

@ \$75.00 (before 10/02/17)/\$150.00 (after 10/02/17)

@ \$60 Dinner Ticket

Total Costs _____

For billing purposes, please (✓) below where applicable:

Payment Enclosed Please bill company. **(GCA Member Only)**

CONTACT: _____

COMPANY: _____

ADDRESS _____

CITY/ZIP: _____

PHONE/FAX: _____

Please call Gladys at 833-1681 ext 24 if you would like to donate towards **DOOR PRIZES.**



The General Contractors Association of Hawaii Presents:

CONSTRUCTION UPDATE:

BWS, COE, DOE and NAVFAC

Registration Form

Fax to 808-839-4167 or email to gca@gcahawaii.org

If you did not receive a confirmation, please call 833-1681 ext. 14.

| | | | |
|------------|--|------------|--|
| NAME: | | Email: | |
| NAME: | | Email: | |
| NAME: | | Email: | |
| NAME: | | Email: | |
| CONTACT: | | Email: | |
| COMPANY: | | | |
| ADDRESS: | | | |
| CITY: | | STATE/ZIP: | |
| PHONE/FAX: | | CELL: | |

LOCATION: Pomaika'i Ballrooms at Dole Cannery, 735 Iwilei Road, Honolulu, HI 96817

DATE: Tuesday, October 17, 2017

TIME: 5:00 p.m. – 8:30 p.m.

PAYMENT INFORMATION: (Payment must accompany registration to secure seat)

Registration Deadline and Cancellation policy:

The registration deadline for this program is October 6, 2017. Full refunds will be made for cancellations received prior to that date. After that date, no refunds will be granted. Replacements accepted.

| | | | |
|---------------------------|----------------------------------------------|-------------------------------------|----------------------|
| Registration Fees: | | TOTAL: | \$ |
| <input type="checkbox"/> | \$60 for members (bill company) | <input type="checkbox"/> | \$90 for non-members |
| <input type="checkbox"/> | Enclosed is a check for \$ | Make check payable to GCA of Hawaii | |
| <input type="checkbox"/> | Charge credit card on file | | |
| <input type="checkbox"/> | Charge my credit card (See attached CC Form) | | |

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**PLEASE FAX WITH YOUR
 REGISTRATION FORM TO:
 839-4167**

| CREDIT CARD AUTHORIZATION FORM | | | |
|---------------------------------------|-----------------------------|-------------------------------|-----------------------------------|
| NAME ON CARD: | | | |
| COMPANY: | | | |
| ADDRESS: | | | |
| CITY: | | STATE/ZIP: | |
| PHONE/ FAX: | | | |
| AMOUNT: | | | |
| CREDIT CARD TYPE: | | | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> MC | <input type="checkbox"/> AMEX | <input type="checkbox"/> DISCOVER |
| CARD NUMBER: | | | |
| EXP. DATE: | | CODE: | |
| EVENT & LOCATION: | | | |
| DATE OF EVENT: | | | |
| SIGNATURE: | | DATE: | |
| CONTACT PERSON | | | |

| |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Check box to request credit card receipt to be emailed @ _____ |
| <input type="checkbox"/> Check box to request original credit card receipt to be mailed. |
| <input type="checkbox"/> Check box to request copy of credit card receipt to be faxed. |

| |
|-----------------------------|
| <i>FOR GCA OFFICE ONLY:</i> |
| <i>RECEIVED BY:</i> |
| <i>DATE:</i> |